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Date: November 1, 2005

Suzanne McHugh  
Suzanne McHugh

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: )  
 )  
Inventor: Freilich et al. )  
Serial No.: 09/311,464 ) Group Art Unit: 3763  
Filed: May 13, 1999 )  
 ) Examiner: N. Lucchesi  
For: IMPLANT SYSTEM )

AMENDMENT C

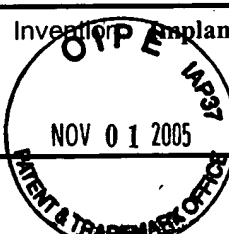
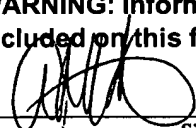
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please enter the following amendments to the above-identified application in response to the Official Action mailed August 11, 2005.

11-02-05

JFW / 9763

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>JPP-1231</b>	
Applicant(s):					
Application No. <b>09/311,464</b>	Filing Date <b>May 13, 1999</b>	Examiner <b>N. Lucchesi</b>	Customer No. <b>34214</b>	Group Art Unit <b>3763</b>	Confirmation No. <b>1257</b>
Inventor: <b>Implant System</b>					
					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35 -	48 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	12 -	14 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0718</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ <i>Signature</i>			<b>Dated: November 1, 2005</b>		
<b>Ann M. Knab</b> <b>Reg. No. 33, 331</b>			<div style="border: 1px solid black; padding: 5px;">             I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on              _____  <i>(Date)</i> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <i>Signature of Person Mailing Correspondence</i> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>		
CC:					